Missouri Comprehensive Entry Point Subcommittee
July 22, 2008 Meeting Minutes
Governor's Office Building, Room 450
1:00-5:00 p.m.

Members in Attendance
Lieutenant Governor Peter Kinder
Phil Melugin
Marvin Merrill
Carol Scott
Carolyn Chambers
Carroll Rodriguez
Linda Detring
Cheryl Woodruff
Representative Rob Schaaf
Dr. Nancy Morrow-Howell
Dr. Novella Perrin
Brenda Campbell
Robin Rust attending for Lynn Carter
Janel Luck
Ray Diekmeier attending for Dorothy Knowles

Public Attendees
Julie Ousley
Suzan Weller
Will Richardson
Betty Sims
Pamela Johnson
Bobbi Jo Garber
James Cook
Mary Schantz
Lorie Towe
Steve Vaughn
Chris Moody
Courtney Zimmerman
Denise Clemonds
Kirsten Dunham
Scott Penman

DHSS Staff in Attendance
Jane Drummond
Randy Rodgers
Jessica Stroupe
Cindy Deegan
Michael Brewer
Vicki Keller
Laurie Hines

Lieutenant Governor's Office Staff in Attendance
Rich AuBuchon

I. Welcome / Opening Remarks
Lieutenant Governor Peter Kinder

The Committee held a moment of silence to reflect on the late Robert Whitlock and his contributions to this committee and many other initiatives in Missouri.

II. Acceptance of May 27, 2008 Meeting Minutes

Brenda Campbell noted that Jim Moody had been listed as a DSS representative on the minutes, and he needed to be listed as a Representative Attendee (attending for the in-home industry). The Committee approved the minutes with this change.

III. Department Update

Michael Brewer, Assistant Deputy Director for the Division of Senior and Disability Services gave a presentation on the elements of the Hospital Discharge/ADRC Grant Proposal.

Brenda informed the members that the Department would receive notice of the grant awardees by September 30th.

There were no further updates and the meeting was turned over to the representatives of Health Management Associates (HMA).

IV. Ongoing Discussion of Comprehensive Entry Point Details
Barb Edwards and Susan Tucker, HMA

HMA gave a presentation, provided an informational handout, and facilitated discussion among the committee members regarding the recommendations for a comprehensive entry point system in Missouri.

Themes and Recommendations

Overall goals:

- Assure that individuals and caregivers (and providers) have full, accurate, consistent information about options for services, options for funding, assessment of needs
- Continue to minimize inappropriate placement in institutional settings
- Capitalize on existing strengths in the system
- Encourage a person-centered system of information and service
- Ease of use, efficiency of CEP operation, fairness

Population:

SB577 refers to developing a CEP for all individuals seeking information about long term care services/support. Committee discussed that the current system works differently for different groups.

What's broken that needs to be fixed?

- Access to information varies (system is fragmented geographically, based on functional needs or eligibility for public funding, many "assisters" lack full system information) and works differently in various geographic areas.
- Lack of awareness: people may not know where to turn for help
- Information received varies (even "official" sources of information differed – some may be incomplete or inaccurate: poor training? lack of resources? local options vary)

The Committee supported the need to develop a CEP that served all populations seeking LTC services/supports and acknowledged that consumers may need services that cut

across systems. The Committee discussion identified 3 (resource-based) population groups needing a CEP focus:

1. Private pay (need help understanding what types of supports are needed when – Alzheimer's example; need help knowing what services are available.)

2. Near-MO HealthNet eligible (need help listed above but also need help finding funding to obtain services – short of entering nursing home to receive MO HealthNet benefits)

3. MO HealthNet eligible (need help understanding what supports are needed when, what options are, plus help in etc.)

4. Caregivers (need help to navigate the support system to allow independent access to care when appropriate.)

Functions of the CEP:

The Committee stressed the need for a consumer centered approach, rather than one that was "system-centered." Consistency, timeliness, and seamless navigation were identified as goals. There was some concern expressed over whether it was reasonable/achievable to assure that a consumer/caregiver "told their story only once," but the groups acknowledged that the goals was to better coordinate and integrate available services/systems and, possibly through use of improved information technology, minimize the number of times a consumer has to initiate contact and share basic information. (Division of Senior and Disability Services shared a description of the system capabilities being developed at the state for better information sharing and transfer.)

Identified functions for the CEP:

- Information, Referral and Assistance (I & A) facilitation
- Outreach marketing and education so the public knows where to turn for I & A– target especially those who aren't accessing the system now
- Assessment of service needs
- Triage –concern expressed that the level of service match need/desire of consumer – not everyone should have to be assessed or tell their life story if they just want info on how to find a single service, need screening triggers built in, mini-assessments, algorithms for triage
- Planning assistance
- Options counseling
- Benefits counseling, including assistance with applying for eligibility (noted MO Health plans to introduce on-line application submission)
- Facilitate links across systems (while formal case management (CM) was not seen as a CEP service, referral to available CM was)

The Committee discussed the need to serve current population but also to look ahead to how Baby Boomers seek access information (more internet-based, less tolerance for being sent to multiple places). Also, good discussion on the need to offer services that empower individuals and caregivers to "self-navigate" the system (e.g., on-line self-assessments, search engine tools, on-line applications) in part because there will be too many seeking services for everyone to rely on a face-to-face system of help. At the same time, the group generally supported the idea that it was not sufficient for the CEP to offer only tools for self-navigation; many consumers and caregivers will need an expert to talk to for counseling and assistance.

The Committee discussion seemed generally open to the idea that functions of the CEP might be "virtually" centralized as well as potentially physically co-located. That is, different functions might be managed/offered by different agencies (I & A might be handled by one entity while "assessments" performed by another agency), but that the consumer's experience should be as seamless as possible in terms of accessing the different facets of the CEP.

Roll-out strategies:

There was a general sense that the state needs to move "quickly but incrementally" to achieve the ultimate goal of a CEP for Missouri. The Committee discussed options for an incremental approach – for example, a geographic pilot of a "full-service" approach, or a statewide roll-out of I and R, with additional services added as the components are developed. Most seemed cautious over the idea of rolling out on a population specific basis (i.e., starting with one group, adding other groups later), expressing concern that this would increase the likelihood that the system design wouldn't translate to other groups/systems effectively.

Committee members stressed the importance of having a clear vision or description of the ultimate system goal. One member suggested the possibility that the state might roll out a core set of functions statewide, but allow localities to add additional functions as they have the capability to do so (rather than waiting until all areas are ready to go beyond the core).

There was strong support for identifying and building on existing system strengths and focusing on coordination and integration across existing systems. There was also strong support for building evaluation components up front in any CEP design, both to assure that the state can measure the impact of the CEP but also to assure accountability from agencies and others who participate in offering CEP functions. There was some discussion regarding the need to "certify" entry points to assure consistency and accountability of performance.

Role and responsibilities: The committee generally agreed that the Division of Senior Services should assume general oversight for CEP development and implementation.

The AAAs and the CILs were seen as likely local partners and resource supporters for CEP functions. The importance of support from other state agencies (MO HealthNet, Mental Health, etc.) was also stressed.

V. Next Steps

- Next Committee meeting is scheduled for August 21st from 9 a.m. – 12 p.m. in Jefferson City.

- DSDS offered to have Committee assist in developing the framework for the Committee Report. DSDS staff will be available the morning of July 31st for those interested in participating.

- A framework for drafting the Committee report will be created from this meeting's discussion for comment at the next meeting.

- DSDS will share progress on a gap analysis of current systems (identifying current strengths, shortfalls) for Committee feedback.

- The Committee will discuss the draft and the gap analysis at the August 21 meeting.

- The Committee will invite public testimony during the next meeting.